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| CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING | | CF-4R-MECH-24 |
| Charge Indicator Display (CID) | | (Page 1 of 1) |
| Site Address: | Enforcement Agency: | Permit Number: |

CHARGE INDICATOR DISPLAY (CID)

Charge Indicator Display (CID) specifications are available in Reference Joint Appendix JA6; HERS verification procedure for the CID is in Reference Residential Appendix RA3.4.2. If refrigerant charge verification is required for compliance, and a CID has been installed on the system, a pass for this CID verification for an installed system is sufficient for demonstrating compliance with the refrigerant charge verification requirement for that system, thus submittal of a standard refrigerant charge verification compliance form (MECH 25) is not required for a system that has a passing CID verification shown in the table below.

CID - Verification of the Presence and Proper Function of a Charge Indicator Display

| | | | | | | |
|---|------------------------------|-----------------------------|--|--|--|-------------------------------|
| System Name or Identification/Tag | | | | | | |
| System Location or Area Served | | | | | | |
| 1 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | The display is mounted adjacent to the system thermostat | | | |
| 2 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | The system has operated for at least 15 minutes, inside air temperature is greater than 65 F and outdoor temperature is greater than 55 F, and, the display indicates the system is operating properly (does not indicate a system fault). | | | |
| 3 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | The CID was installed by the manufacturer | | | |
| 4 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | or if 3 is No, the CID was installed according to the manufacturer's specifications | | | |
| Yes to 1 and 2 and yes to either 3 or 4 is a pass | | | enter Pass or Fail | | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am the certified HERS rater who performed the verification services identified and reported on this certificate (responsible rater).
- The installed feature, material, component, or manufactured device requiring HERS verification that is identified on this certificate (the installation) complies with the applicable requirements in Reference Residential Appendices RA2 and RA3 and the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the local enforcement agency.
- The information reported on applicable sections of the Installation Certificate(s) (CF-6R), signed and submitted by the person(s) responsible for the installation conforms to the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the enforcement agency.

| | | |
|--|---|--|
| Builder or Installer information as shown on the Installation Certificate (CF-6R) | | |
| Company Name: (Installing Subcontractor or General Contractor or Builder/Owner) | | |
| Responsible Person's Name: | CSLB License: | |
| HERS Provider Data Registry Information | | |
| Sample Group # (if applicable): | <input type="checkbox"/> tested/verified dwelling | <input type="checkbox"/> not-tested/verified dwelling in a HERS sample group |
| HERS Rater Information | | |
| HERS Rater Company Name: | | |
| Responsible Rater's Name | Responsible Rater's Signature | |
| Responsible Rater's Certification Number w/ this HERS Provider: | Date Signed: | |